

JUN 27 2006



FAX COVER PAGE

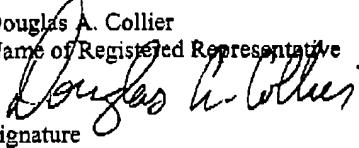
DATE: June 27, 2006

PAGES INCLUDING THIS PAGE: 25

TO: United States Patent and Trademark Office FAX NUMBER: 571-273-8300
 COMPANY: Examiner Robert W. Amareld, Jr., Group Art Unit 3738 PHONE NUMBER:
 FROM: Douglas A. Collier DIRECT DIAL: (317) 238-6333
 FAX NUMBER: (317) 636-1507
 RE: Response to Office Action for U.S. Patent Application No. 10/768,797 to John T. Braun, et al.

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FORM

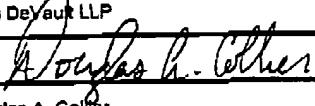
(to be used for all correspondence after initial filing)

Application Number	10/789,787
Filing Date	January 30, 2004
First Named Inventor	John T. Braun, et al.
Art Unit	3738
Examiner Name	Robert W. Amaral, Jr.
Total Number of Pages in This Submission	24
Attorney Docket Number	M5DI-682/PC788.00

ENCLOSURES (Check all that apply)

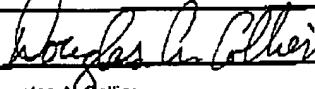
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavite/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Fax Cover Sheet
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
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<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Krieg Devault LLP		
Signature			
Printed name	Douglas A. Collier		
Date	June 27, 2006	Reg. No.	43,558

CERTIFICATE OF TRANSMISSION/MAILING

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Signature			
Typed or printed name	Douglas A. Collier	Date	June 27, 2008

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete If Known	
Fee TRANSMITTAL For FY 2005		Application Number	10/768,797
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	January 30, 2004
TOTAL AMOUNT OF PAYMENT (\$)		First Named Inventor	John T. Braun, et al.
450.00		Examiner Name	Robert W. Amareld, Jr.
450.00		Art Unit	3738
450.00		Attorney Docket No.	MSDI-682/PC798.00

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

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For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fee Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	0.00
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Small Entity

Fee (\$)

Fee (\$)

Each independent claim over 3 (including Reissues)

50

25

Multiple dependent claims

200

100

Total Claims Extra Claims Fee (\$)

Multiple Dependent Claims

- 20 or HP = _____ x _____ = 0.00

Fee (\$)

Fee Paid (\$)

HP = highest number of total claims paid for. If greater than 20,

Indep. Claims Extra Claims Fee (\$)

- 3 or HP = _____ x _____ = 0.00

HP = highest number of independent claims paid for, if greater than 3.

Fee (\$)

Fee Paid (\$)

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer

listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50

sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$)

- 100 = _____ / 50 = _____ (round up to a whole number) x _____ = 0.00

Fee Paid (\$)

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Request for 2 Mo. Extension of Time

450.00

SUBMITTED BY			
Signature	<i>Douglas A. Cottier</i>		Registration No. 43,556 (Attorney/Agent)
Name (Print/Type)	Douglas A. Cottier Telephone 317-636-4341		
Date June 27, 2006			

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